



Dear Patient,

At Nevada Women's Care, we pride ourselves on offering our patients the most advanced preventative care available. We now offer our patients the only FDA-approved high-risk HPV test. This new test is a highly sensitive viral test used in conjunction with a Pap test for cervical cancer screening in women aged 30 and older. Persistent infection with high-risk human papillomavirus (HPV) is the primary cause of cervical cancer. A few important things to know about HPV and cervical cancer screening:

- Most women will have HPV at some point during their lives but very few will develop cervical cancer.
- Cervical cancer develops if an HPV infection persists for many years.
- The Pap test looks for abnormal cell changes on the cervix that occur as a result of a persistent high-risk HPV infection. The HPV test looks for and HPV infection.
- When used together, these tests can show with nearly 100% certainty that you do not have cervical disease.
- Women, who test negative for high-risk HPV, and have a normal Pap test, have virtually no risk of developing cervical cancer before their next scheduled visit.
- Knowing your HPV status helps you and your provider determine how often you should be screened. Early detection of pre-cancerous cell changes is the key to preventing cervical cancer.
- Your HPV status is not a reliable indicator of you or your partner's sexual behavior. HPV can lie dormant in cervical cells for many years before becoming an active infection.

Most insurance companies cover the high-risk HPV test when used with a Pap test for cervical cancer screening of women 30 or older. However, the individual benefits you or your employer purchased may or may not cover the test. If the test is not paid for by your insurance company, you will receive a bill from the laboratory. Please ask your provider for the approximate cost of the HPV test.

I have read the above information and **AGREE** to have the HPV test with my Pap test. I also agree to pay for the HPV test should my insurance not cover the cost.

I have read the above information and **DO NOT** wish to have the HPV test at this time.

Patient signature.

Printed name.

Date

To our valued patients:

Although we try our best to get your labs processed at the correct facility, it is your responsibility to inform us to what lab your insurance company recommends. Information that is provided to us is provided to the phlebotomist for submission to the proper lab and for proper billing. Please be sure to inform us of any information that needs to be updated or make known to the phlebotomist during your scheduled visit. You are ultimately responsible for your own insurance requirements.

With your insurance coverage, we are here to help you receive your maximum allowable benefits and will file the claim for you. We bill your insurance company as a courtesy to you. The entire balance is ultimately your responsibility whether your insurance company pays or not. Your insurance policy is a contract between you and your insurance company. Our office and/or the lab company are not a party to that contract. In the event we do accept assignment of benefits; we require that you pay in full what the insurance company states you are responsible for at the time of service. You are responsible for all deductibles and charges not covered by insurance. Please understand that we cannot, as a third party, become involved in prolonged insurance negotiation, this is your responsibility.

By signing below you are stating that you have read, understand and agree to the above lab/insurance policy.

Patient signature.

Printed name.

Date

Lab.